



# Msgr. James T. Weber Assembly 2152 Chalice Designation Form



Upon my death, I would like my Chalice to be presented to the Priest, Church, Mission or Diocese designated below. The recipient may not be a family member unless he is a priest,

## YOUR INFORMATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address cont;d \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

## CHALICE RECIPIENT INFORMATION

Priest (if applicable) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Church, Mission or Diocese Name  
\_\_\_\_\_

Shipping Address \_\_\_\_\_

Ship Address cont'd \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country (if Not USA) \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Notes